

ALABAMA MEDICIAD AGENCY

Physician's Task Force Meeting

November 19, 2009

1:30 PM- 4:30 PM

Members Present:

AZ Holloway, Linda Lee, Robert Moon, Robert Smith, Edgar Finn and Grace Thomas

Members on iLinc:

Marsha Raulerson, Steve Baldwin, Cary Kuhlmann and Vinit Mahesh

Medicaid Staff Present:

Anita Charles, Clemice Hurst, Kim Davis -Allen, Kelli Littlejohn, Celeste Perryman, Kathy Hall, Mary Timmerman, Jerri Jackson, Kristen Edwards(Pharmacy Student) Ron Macksoud, Bill Whatley, Teresa Thomas and Sharon Moore

Welcome/Introduction:

Kathy Hall opened the meeting and asked those in attendance and on iLinc to introduce themselves.

Minutes Review/Acceptance:

Minutes from the previous meeting were accepted without change.

Medicaid Update:

Kathy Hall gave a brief update on issues that were going on at the Agency.

- The Agency is installing a new Medicaid Management Information System. One of the requirements is that the Agency must go through a certification process in order to get enhanced 75% percent funding. The Agency is undergoing this process this week. CMS staff from all over the region are here reviewing the system and our processes this week to make sure that we are in compliance. The exit conference for this process will be held on tomorrow. We hope to have our new system certified and functioning. This system is being installed to maintain the Agency's HIPPA compliance.
- We are also undergoing an assessment to continue this funding of all our business processes. This process will determine what kind of funding we will receive for our automation.
- We are also working for the last several months on our budget for FY2011 for the upcoming Legislative Session. The funding for this fiscal year looks good. This can be attributed to the ARRA Stimulus Funds. We are not sure about FY2011. We are monitoring the Health Care Reform Bill to see what changes

- will be made. Commissioner Steckel has been very active in all the activities that are occurring in Washington, DC. She is the chairperson for NASMD and is very involved in conversation with CMS our Legislative Delegation and members of Congress.

Eligibility Update:

Anita Charles gave an eligibility update. Information was provided in the packets regarding "Express Lane Eligibility".

- Under CHIPRA, states can opt an Express Lane Eligibility (ELE) process by amending its Medicaid and or CHIP State Plan.
- ELE allows Medicaid and CHIP agencies to determine eligibility based on findings from other public need based programs.
- Enrollment barriers are reduced and the administrative process is simplified.
- ELE only applies in the processing of children cases and may be used for both initial eligibility determination and renewals.
- When information from other public agencies reveals the child is ineligible for its program, Medicaid must apply its own standard eligibility rules and procedures.

ELE Proposal

- Phase One- Income findings from TANF and SNAP will be used to determine Medicaid eligibility at annual review. Children, who are eligible for TANF or SNAP, will be eligible for continued Medicaid coverage. CMS has approved the SPA and the Phase One has been implemented.
- Phase Two- Findings from SNAP and TANF will be used to process initial Medicaid applications and renewals as well as referrals from the CHIP agency.
- Phase Three- Medicaid will further streamline the review process through the use of pre-populated review form.
- Phase Four- Medicaid will use findings from SNAP and TANF to automatically enroll new individuals.
- Phase Five- Involves expanding ELE to include other programs and agencies.

Maternity Program Update:

Dr. Moon gave an update on Maternity Care.

- The Agency has gone through the ITB process and has awarded contracts to all of our districts starting January 1, 2010. There are fourteen districts in the state. Each district has an award.
- In the new contract, smoking cessation products hopefully will be added to the contract starting February 2010. Hopefully this will help us in making progress with prematurity and infant mortality.
- Women will not have to go to the Health Department in order to get their oral contraceptives; they can still go there if they choose to. They will be able to go to a Pharmacy and get their prescriptions refilled.
- The Agency will be measuring the physicians with quality indicators for the delivering physician. This will apply to family doctors and OB/GYN providers. The quality indicators were developed through a panel of doctors that was nominated by MASA.

- All contractors also will have a report card. There also will be incentives for the contractors. They will have an opportunity to earn a bonus award according to the number of pregnant women that they see for care in their first trimester, their postpartum visit, and the numbers of women that are breastfeeding among other measures.

Radiology PA Program:

Teresa Thomas gave an update for Radiology and PA Programs.

- Guidelines were modified for procedure code 70366 for MRI juvenile idiopathic arthritis. Any child that has the diagnosis can get pre-authorization for this test. Evidence based literature from a rheumatologist showed that if a child had symptoms, the damage was already done.
- Providers who currently have "Gold Card" status, and have requested six or fewer radiology tests during the April-June quarter will continue to have "Gold Card" status.
- Providers who have requested seven or more tests during the April-June quarter and would have a denial rate of 5% or less will continue to have "Gold Card" status.
- All other providers with current "Gold Card" status will be removed from the "Gold Card" Program.
- All provider status will be re-evaluated after one year.

Together for Quality Update:

Kim Davis-Allen gave an update on Together for Quality.

- There are 3 components to our Together for Quality Project. (Q-Tool, Q4U and QX).
- Q Tool Patient 1st Transition Info Solutions will be discontinued as of December 31, 2010.
- Approximately 175 Providers are enrolled.
- January 1, 2010-March 31, 2010, no minimum usage will be required.
- April 1, 2010-June 30, 2010 usage for 25% of unduplicated Medicaid patients seen will be required.
- If the requirements are not met during a specific quarter/time period, the additional case management fee will be discounted for the next quarter/time period.
- Usage during the next quarter will be measured and if minimum requirements are met, then the case management fee will be reinstated for the upcoming quarter.
- TFG will get a two-year grant (no cost extension).
- The Agency is also transforming from being a payer for healthcare services to a purchaser of services resulting in improved patient health outcomes.

Patient First:

Kim Davis-Allen gave an update on Patient First.

- The program is developing new metrics for measurement for asthma and diabetes.

- ONC Cooperative Agreements grant has been applied for CMS to build the infrastructure. Application was submitted-Awards announced December 15, 2009 money will be available January 15, 2010.

Quality Initiatives:

Sharon Moore gave an update on Quality Initiatives.

- The Quality Improvement and Standards (QI/S) division is the center point for coordinating quality through the Medicaid Agency. We are responsible for researching, developing, evaluating and making recommendations for new QA and QI policy and procedures as necessary.
- The national measures set that we are using is HEDIS (Healthcare Effectiveness Data and Information Set). HEDIS is the most widely used set of national performance measure for inpatient and ambulatory care. The HEDIS set of measures is developed by the NCQA, (National Committee for Quality Assurance).
- The QI/S Division is working with the Health Department's CHIP program, PHCA and UAB to apply for a CHIPRA Quality Demonstration Grant.
- The goal of grant is to establish and evaluate a national system of measures for children's health care which encompasses care provided through Medicaid and CHIP.
- The grant period is from FY2012 -FY2015. The deadline for applying is January 8, 2010. Total available funding is \$100million, distributed to 10 states and Medicaid/CHIP entities.

Pharmacy Updates:

Kelli Littlejohn gave an update on the Pharmacy Division.

- Effective November 2, 2009, the Agency will begin reimbursing Medicaid enrolled pharmacy providers for the administration of the influenza and H1N1 vaccines for eligible recipients age 19 and older.
- Reimbursement will be \$5 per administration with no dispensing fee or co-pay applied.
- A PHI Immunization Provider Notification Letter was provided as a handout for the meeting.
- Synagis/RSV season has begun; overall everything is going smoothly.

Additional Issues:

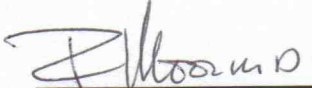
Dr. Mahesh had a question concerning missed appointments. His question was concerning appointments that were not being kept by recipients.

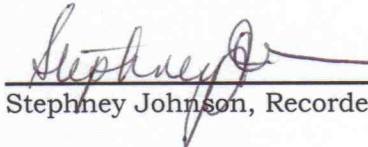
- There is a 70% show rate for office visits. Dr. Mahesh stated that he is charging \$25.00 for no shows for non-Medicaid patients. He stated that he had collected \$200.00 as of November 19, 2009. There is a 25% to 30% no show rate for Medicaid recipients. He wanted to know if he could charge Medicaid patients in the same way. Medicaid staff responded that there are strict regulations concerning a charge for missed appointments and that recipients could not be charged. It was stated however if the recipients made a habit of not showing up that they could be dismissed.

Adjourned:

With no further items for discussion, Dr. Moon adjourned the meeting at 3:20 p.m.

Respectfully submitted:

 12-9-09
Robert Moon, MD

 12-9-09
Stephney Johnson, Recorder